

**Utah Cancer Action Network (formerly UCCCI)
Annual Member Satisfaction Questionnaire
June 2003**

Please Return by: June 23, 2003 to cbroadwater@utah.gov or fax 801-538-9495

Name:

Agency:

Demographic Information

Characteristic	
What type of organization do you represent?	
What is your profession?	
How long have you been involved with UCCCI/UCAN?	
What counties do you work in?	

Your feedback on how well the Utah Cancer Action Network (UCAN formerly UCCCI) is doing is vital to the Networks' progress. For each item, circle the number that best indicates your satisfaction with the aspect of the Network. Provide additional comments if you wish. Results of this questionnaire will assist in making decisions regarding future direction of the Network. **Please take a few minutes of your time to complete and return this questionnaire.** Thank you for your participation.

Your satisfaction with the . . .					
Partner Member	Very Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Very Satisfied
1. Diversity of membership	1	2	3	4	5
2. Representation by organizations with an interest and/or expertise in cancer.	1	2	3	4	5
3. Opportunities to affiliate with other partners or the organizations that they represent	1	2	3	4	5
4. Willingness to welcome new members	1	2	3	4	5
5. Your personal/agency involvement	1	2	3	4	5
Comments:					
<p>1. What types of actions/activities would you like to see being implemented to address overall and specific cancers? <i>(Please review the plan and be as creative as you like. Please name the specific cancers when you make suggestions).</i></p> <p>2. Where would you like to see the UCAN initiative go in the coming year?</p>					

3. How do you see your role in UCAN?
4. Have you accessed the UCAN website? Do you have any feedback regarding the website (www.ucan.cc)?
5. Do you know of an organization/individuals that would benefit from being trained as community speakers on cancer prevention and treatment?
6. How can you assist in developing a marketing plan for the comprehensive cancer speaker's bureau?
7. How can the Network encourage and facilitate health provider's participation in the implementation of the UCAN Plan?
8. What is the best way to integrate accepted guidelines into the practices of Utah healthcare providers?
9. Would you like to see individual cancer workgroups be a part of our initiative? How can you assist in making that happen?

10. What one change would most improve the effectiveness of this collaborative effort?

11. Do you think survivorship issues are something we should be addressing and if so how and what?

12. Other Comments:

13. How often should the Utah Cancer Action Network meet? (Check one)

- ☐ Annually
- ☐ Semi-Annually
- ☐ Quarterly
- ☐ More Often

*Thank you for your assistance. We look forward to your response by **June 23, 2003**. If you would like to bring the completed survey to the June 12th meeting that would be appreciated.*